

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10105

FILED APR 2 1954

State File No. _____
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2732

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac. Hospital		e. STREET ADDRESS (If rural, give location) 5009a Fairview Ave.	
3. NAME OF DECEASED (Type or Print) HERBERT POWELL HERNDON		4. DATE OF DEATH (Month) (Day) (Year) Mar 24 54	
5. SEX m	6. COLOR OR RACE wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) m	8. DATE OF BIRTH Sep. 11, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchman (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. RR Co.	
11. BIRTHPLACE (City and State or Foreign Country) Brandy, Virginia		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Hiram Herndon		13b. MOTHER'S MAIDEN NAME Sarah J. Yowell	
14. NAME OF HUSBAND OR WIFE Nannie L. Herndon		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nannie L. Herndon 5009a Fairview	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION ANTECEDENT CAUSES DUE TO (b) Coronary Artery Thrombosis DUE TO (c) Arterio Sclerotic Heart Dis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 420.0	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 5/10 , 1954, to 3/24 , 1954, that I last saw the deceased alive on 3/23 , 1954, and that death occurred at 6 A. m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Hand B. Blasts M.D.		23b. ADDRESS 4909 Lindenwood	
23c. DATE SIGNED 3/24/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE Mar. 27, 1954		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl	
DATE REC'D BY LOCAL REG. MAR 25 1954		REGISTRAR'S SIGNATURE Carl Smith M.D.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Richard W. Stofsaand

Licensed Embalmer No. 4007

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.